



REDACTED – FOR PUBLIC INSPECTION

June 30, 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th St, SW
Washington, D.C. 20554

Received & Inspected
JUL 01 2015
FCC Mail Room

RE: WC Docket No. 14-58
FCC Form 481 – Carrier Annual Reporting
MGW Telephone Company

Dear Secretary:

MGW Telephone Company submits this FCC Form 481- Carrier Annual Reporting in accordance with FCC Rules 54.313 and 54.422. There are two copies of a Redacted – For Public Inspection version. In addition there is one copy with financial information marked as confidential information in accordance with a June 17, 2015 Protective Order, DA15-712. A Redacted – For Public Inspection version is also being filed via ECFS.

If there are any questions, I can be reached at 540-925-5235.

Sincerely,

/s/ Sheri H Smith

Sheri H. Smith
Treasurer
MGW Telephone Company

Attachments

cc: Charles Tyler, Telecommunications Access Policy Division (Two Confidential Copies)

No. of Copies rec'd 0+1
List ABCDE

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

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FCC Form 481

OMB Control No. 3060-0986/QMB Control No. 3060-0819

July 2013

<010> Study Area Code	190238
<015> Study Area Name	MGW TEL. CO. INC.
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Sheri H Smith
<035> Contact Telephone Number: Number of the person identified in data line <030>	5409255235 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	sherihsmith@mgwnet.com

Received & Inspected

JUL 01 2015

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 190238va510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 190238va610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 190238va1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190238
<015> Study Area Name	MOW TEL. CO. INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sheri H Smith
<035> Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sherihsmith@mgvnet.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

190238val12.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets		Yes <input type="text"/>
<114> Report how much universal service (USF) support was received		Yes <input type="text"/>
<115> How much (USF) was used to improve service quality and how support was used to improve service quality		Yes <input type="text"/>
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage		Yes <input type="text"/>
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity		Yes <input type="text"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.		Yes <input type="text"/>

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<010>	Study Area Code	190238
<015>	Study Area Name	MCW TEL. CO. INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sheri H Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sherhamitch@mcgnet.com

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<010>	Study Area Code	190238
<015>	Study Area Name	MSW TEL. CO, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	<u>Sheri R Smith</u>
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sheri.smith@egwnet.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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<010> Study Area Code	190238
<015> Study Area Name	MGW TEL. CO. INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sheri N Smith
<035> Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sherihsmith@gmgmet.com

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(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190238
<015>	Study Area Name	MGW TEL. CO. INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sheri R Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aherihsmith@egwnet.com
<810>	Reporting Carrier	MGW Telephone Company, Inc
<811>	Holding Company	MGW Communications, Inc.
<812>	Operating Company	MGW Telephone Company, Inc.

[illegible]

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(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190238
<015>	Study Area Name	MGW TEL. CO. INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sheri H Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sherihamith@gmwnet.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|-------|--|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning; |
| <923> | Marketing services in a culturally sensitive manner; |
| <924> | Compliance with Rights of way processes |
| <925> | Compliance with Land Use permitting requirements |
| <926> | Compliance with Facilities Siting rules |
| <927> | Compliance with Environmental Review processes |
| <928> | Compliance with Cultural Preservation review processes |
| <929> | Compliance with Tribal Business and Licensing requirements. |

Select Yes or No or Not Applicable

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(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190238
<015>	Study Area Name	MGW TEL. CO. INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sheri K Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aheriksmith@mgwnet.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	190238
<015>	Study Area Name	MSW TEL. CO. INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sheri H Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sherihsmith@gmnet.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0619 July 2013
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<010> Study Area Code	190238
<015> Study Area Name	MOW TEL. CO., INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	SHREY R SMITH
<035> Contact Telephone Number - Number of person identified in data line <030>	5609239235 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	SHREYRSMITH@MOWTEL.COM

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

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(300) Item Of Return Carrier Additional Documentation Data Collection Form	FCC Form 443 OMB Control No. 3060-0066/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code 190238
 <015> Study Area Name M2W TEL. CO. INC.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Sheri H. Smith
 <035> Contact Telephone Number - Number of person identified in data line <030> 5409255235 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> sherihsmith@mcgnet.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

190238va3010.pdf
 Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

190238va3012.pdf
 Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☒

(3023) Underlying information subjected to a review by an independent certified public accountant ☒

(3024) Underlying information subjected to an officer certification. ☒

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

190238va3026.pdf
 Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

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(3000) Rate Of Return-Clarifier Additional Documentation (Continued) Data Collection Form	FCC Form 485 OMB Control No. 3040-0056/OMB Control No. 3060-0039 July 2013
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<010> Study Area Code	190238
<015> Study Area Name	MEW TEL. CO. INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sheri H. Smith
<035> Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sherihsmith@comcast.net

Financial Data Summary

(3027) Revenue	<div style="background-color: black; width: 100px; height: 15px;"></div>
(3028) Operating Expenses	<div style="background-color: black; width: 100px; height: 15px;"></div>
(3029) Net Income	<div style="background-color: black; width: 100px; height: 15px;"></div>
(3030) Telephone Plant In Service(TPIS)	<div style="background-color: black; width: 100px; height: 15px;"></div>
(3031) Total Assets	<div style="background-color: black; width: 100px; height: 15px;"></div>
(3032) Total Debt	<div style="background-color: black; width: 10px; height: 15px;"></div>
(3033) Total Equity	<div style="background-color: black; width: 100px; height: 15px;"></div>
(3034) Dividends	<div style="background-color: black; width: 10px; height: 15px;"></div>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190238
<015> Study Area Name	MGW TEL. CO. INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sheri H Smith
<035> Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sherihsmith@mgwnet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MGW TEL. CO. INC.	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Sheri Smith	
Title or position of Authorized Officer: Treasurer	
Telephone number of Authorized Officer: 5409255235 ext.	
Study Area Code of Reporting Carrier: 190238	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190238
<015> Study Area Name	MGW TEL. CO. INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sheri H Smith
<035> Contact Telephone Number - Number of person identified in data line <030>	5409255235 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sherihsmith@mgwnet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

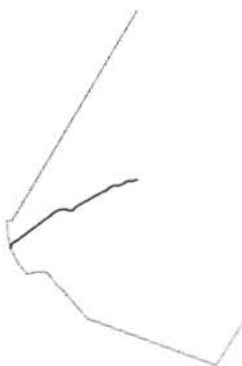
5 Year Plan Progress Report

Pursuant to 47 C.F.R § 54.313(a)(1) and (f)(1)

MGW Telephone Company

Projected Actual

MAP



REDACTED – FOR PUBLIC INSPECTION
MAP



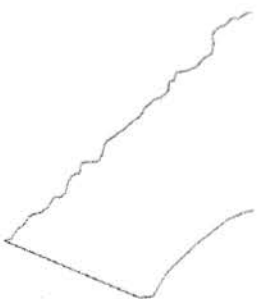
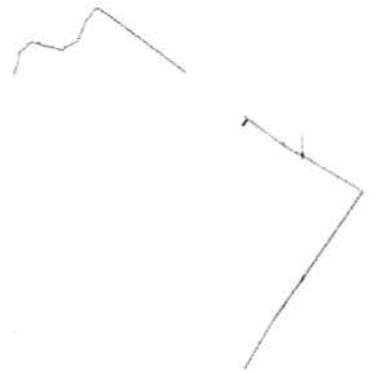
REDACTED - FOR PUBLIC INSPECTION

MAP

MILES

REDACTED – FOR PUBLIC INSPECTION

MAP



REDACTED - FOR PUBLIC INSPECTION

MAP

WIS

WIS

WIS

WIS

WIS

WIS

Service Quality Standards and Consumer Protection Rules Compliance

MGW Telephone

Line 510

MGW Telephone follows the Virginia State Corporation Commission's rules as a minimum guide to ensure a high service quality for its customer base.

Emergency trouble report response

1. MGW accepts, acknowledges, and records trouble reports of an emergency nature at all times through automated or live means.
2. MGW takes immediate action to clear trouble reports of an emergency nature. MGW would inform the SCC of a service outage in Virginia by providing all reports required by the Federal Communications Commission (FCC) under 47 CFR Part 4. MGW complies with all provisions of 47 CFR Part 4 related to report content, processing, and delivery. MGW had 0 emergency related trouble reports in 2014.

Network and customer care service quality and reporting.

1. MGW restores all out-of-service trouble reports within 24 hours, per calendar month, on a statewide basis, for customers stating a medical necessity when restoration is feasible. "Feasible" means service can be restored unless there exists a condition beyond the control of MGW.
2. MGW restores no less than 80% of out-of-service trouble reports within 48 hours, and no less than 95% within 96 hours, per calendar month, on a statewide basis, excluding Sundays and MGW-recognized holidays for business customers, and excluding Saturdays, Sundays, and MGW-recognized holidays that do not result in three consecutive excluded days for residential customers. MGW may exclude customer-caused delays and extended intervals that are explicitly accepted or requested by customers.
3. Calls to MGW customer call center are answered by a live customer service representative seven days a week from 7:30 AM until 10 PM. In the event a representative is not available, customers can leave a message and the representative will return their call as soon as they are available. Customers with billing questions are transferred to a billing agent Monday through Friday 7:30 AM until 4 PM.
4. MGW completes no less than 90% of installation service orders within five business days of a customer's request, per calendar month, on a statewide basis. MGW may exclude customer-caused installation delays, installations that require construction at new service location, service orders for the installation of more than five NALs at one customer location, and extended intervals that are explicitly accepted or requested by customers. MGW may exclude installation service orders that involve porting telephone numbers, the delivery of which has been delayed by another LEC, or any other communications provider.

5. MGW meets no less than 90% of installation and repair commitments, per calendar month, as set forth by the SCC of Virginia.

6. MGW does not exceed a 0.35% central office trouble report rate as set forth by the SCC.

Consumer Protection

MGW Telephone Company is committed to maintaining privacy of customer information. In addition to protecting personal information, the company is obligated to give additional protections to information on how customers use their services. MGW Telephone Company follows all requirements the FCC has mandated concerning Customer Proprietary Network Information (CPNI). As required, MGW files annual CPNI compliance certifications with the FCC by March 1 each year.

MGW Telephone Company also has an identity theft prevention program in place to comply with Red Flag Identity Theft prevention rules. This program ensures that no information pertaining to our customers is compromised and that information from new customers is accurate.

All MGW employees are required to attend annual classes on privacy, CPNI, and Identity Theft Prevention rules and procedures.

MGW Telephone Functionality in Emergency Situations Line 610

Backup/Emergency Power

MGW Telephone's main Central Office has both battery backup and permanent mounted generator backup. If commercial power fails, batteries carry all central office equipment until the generator comes on within one minute of power failure. If the generator fails to come on, batteries can carry the central office for 8 hours.

All remote switches have both battery backup and permanent mounted generator backup. If commercial power fails, batteries carry all central office equipment until the generator comes on within one minute of power failure.

All generators at the main Central Office and the remote switch are propane or diesel powered and can run for 40 hours on their fuel supply.

All small remote switches have battery backup that can carry the equipment for 18 hours in the event of commercial power failure. They also have ports where a portable generator can be connected to supply power to the remote. These portable generators are gasoline powered and can run for 14 hours on their fuel supply. During the event of an emergency, these portable generators are resupplied with fuel on a regular basis.

Network Facilities

During times of an emergency or damage to facilities, there is the ability to reroute traffic within our network. Currently all traffic is routed over a fiber ring. In the case of damage to the fiber ring, a switchover of traffic flow on the ring is automatic. If the fiber ring goes down completely, there are alternate trunks that traffic is manually routed to for completion.

MGW connects to a Verizon tandem Central Office in Staunton, VA. MGW has redundant facilities that connect to the Verizon tandem. During times of an emergency or damage to facilities, traffic is rerouted over redundant facilities.

Traffic Spikes

When there are traffic spikes resulting from emergency situations,. During extreme emergencies and any resulting traffic spikes, priority is first given to first responders to allow their traffic to complete. Depending on the severity of the emergency situation and the amount of traffic, other traffic would be restricted if need be in order to give priority to first responders.

MGW's Central Office switch is configured with a certain number "priority" line assignments in each line assignment group. Local municipal, fire, EMS, and rescue telephone numbers are assigned to these priority line assignment positions. Should the switch get in an overload status, it automatically prioritizes these positions to remain in service before non-priority line assignments.